

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

ITEM NO. 10/51861  
PLATE DATE  
11-21-05  
WFOBAMRDO  
National Stage Processing  
Post Office Box 8000  
Washington, D.C. 20532-8000

11-21-05

C.I.AUMS

11-21-05

IND.	AS FILED		AFTER AMENDMENT		AFTER RE-AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/	/	/
2	/	/	/	/	/	/
3	/	/	/	/	/	/
4	/	/	/	/	/	/
5	/	/	/	/	/	/
6	/	/	/	/	/	/
7	/	/	/	/	/	/
8	/	/	/	/	/	/
9	/	/	/	/	/	/
10	/	/	/	/	/	/
11	/	/	/	/	/	/
12	/	/	/	/	/	/
13	/	/	/	/	/	/
14	/	/	/	/	/	/
15	/	/	/	/	/	/
16	/	/	/	/	/	/
17	/	/	/	/	/	/
18	/	/	/	/	/	/
19	/	/	/	/	/	/
20	/	/	/	/	/	/
21	/	/	/	/	/	/
22	/	/	/	/	/	/
23	/	/	/	/	/	/
24	/	/	/	/	/	/
25	/	/	/	/	/	/
26	/	/	/	/	/	/
27	/	/	/	/	/	/
28	/	/	/	/	/	/
29	/	/	/	/	/	/
30	/	/	/	/	/	/
31	/	/	/	/	/	/
32	/	/	/	/	/	/
33	/	/	/	/	/	/
34	/	/	/	/	/	/
35	/	/	/	/	/	/
36	/	/	/	/	/	/
37	/	/	/	/	/	/
38	/	/	/	/	/	/
39	/	/	/	/	/	/
40	/	/	/	/	/	/
41	/	/	/	/	/	/
42	/	/	/	/	/	/
43	/	/	/	/	/	/
44	/	/	/	/	/	/
45	/	/	/	/	/	/
46	/	/	/	/	/	/
47	/	/	/	/	/	/
48	/	/	/	/	/	/
49	/	/	/	/	/	/
50	/	/	/	/	/	/
TOTAL IND.	3	↓	↓	↓	↓	
TOTAL DEP.	68	←	←	←	←	
TOTAL CLAIMS	71					

IND.	AS FILED		AFTER AMENDMENT		AFTER RE-AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/	/	/	/	/	/
52	/	/	/	/	/	/
53	/	/	/	/	/	/
54	/	/	/	/	/	/
55	/	/	/	/	/	/
56	/	/	/	/	/	/
57	/	/	/	/	/	/
58	/	/	/	/	/	/
59	/	/	/	/	/	/
60	/	/	/	/	/	/
61	/	/	/	/	/	/
62	/	/	/	/	/	/
63	/	/	/	/	/	/
64	/	/	/	/	/	/
65	/	/	/	/	/	/
66	/	/	/	/	/	/
67	/	/	/	/	/	/
68	/	/	/	/	/	/
69	/	/	/	/	/	/
70	/	/	/	/	/	/
71	/	/	/	/	/	/
72	/	/	/	/	/	/
73	/	/	/	/	/	/
74	/	/	/	/	/	/
75	/	/	/	/	/	/
76	/	/	/	/	/	/
77	/	/	/	/	/	/
78	/	/	/	/	/	/
79	/	/	/	/	/	/
80	/	/	/	/	/	/
81	/	/	/	/	/	/
82	/	/	/	/	/	/
83	/	/	/	/	/	/
84	/	/	/	/	/	/
85	/	/	/	/	/	/
86	/	/	/	/	/	/
87	/	/	/	/	/	/
88	/	/	/	/	/	/
89	/	/	/	/	/	/
90	/	/	/	/	/	/
91	/	/	/	/	/	/
92	/	/	/	/	/	/
93	/	/	/	/	/	/
94	/	/	/	/	/	/
95	/	/	/	/	/	/
96	/	/	/	/	/	/
97	/	/	/	/	/	/
98	/	/	/	/	/	/
99	/	/	/	/	/	/
100	/	/	/	/	/	/
TOTAL IND.		↓	3	↓	↓	
TOTAL DEP.		←	68	←	←	
TOTAL CLAIMS			71			